



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2008
OF THE CONDITION AND AFFAIRS OF THE

Upper Peninsula Health Plan, Inc.

NAIC Group Code	0000	(Current Period)	0000	(Prior Period)	NAIC Company Code	52615	Employer's ID Number	38-3379956
Organized under the Laws of	Michigan				State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States							
Licensed as business type:	Life, Accident & Health []		Property/Casualty []		Dental Service Corporation []			
	Vision Service Corporation []		Other []		Health Maintenance Organization [X]			
	Hospital, Medical & Dental Service or Indemnity []				Is HMO, Federally Qualified? Yes [] No [X]			
Incorporated/Organized	10/14/1997				Commenced Business	08/01/1998		
Statutory Home Office	228 W. Washington St.				Marquette, MI 49855			
	(Street and Number)				(City or Town, State and Zip Code)			
Main Administrative Office	228 W. Washington St.							
	Marquette, MI 49855				906-225-7500			
	(City or Town, State and Zip Code)				(Area Code) (Telephone Number)			
Mail Address	228 W. Washington St.				Marquette, MI 49855			
	(Street and Number or P.O. Box)				(City or Town, State and Zip Code)			
Primary Location of Books and Records	228 W. Washington St.							
	Marquette, MI 49855				906-225-7500			
	(City or Town, State and Zip Code)				(Area Code) (Telephone Number)			
Internet Website Address	www.uphp.com							
Statutory Statement Contact	Kevin William Carlson				906-225-7500			
	(Name)				(Area Code) (Telephone Number) (Extension)			
	kwcarlson@uphp.com				906-225-8687			
	(E-mail Address)				(FAX Number)			

OFFICERS

Name	Title	Name	Title
Dennis Smith	President	Greg Gustafson	Treasurer
Thomas Moser	Secretary		

OTHER OFFICERS

DIRECTORS OR TRUSTEES

John Schon	Michelle Tavernier	Sherrice Perry #	David Jahn
John Tembreull	Thomas Moser	Eric Jurgensen	James Bogan
Charles Nelson			

State ofMichigan.....
County ofMarquette.....
ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Dennis H. Smith President	Greg A. Gustafson Treasurer	Thomas Moser Secretary
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Subscribed and sworn to before me this 17 day of February, 2009	a. Is this an original filing? Yes [X] No [] b. If no, 1. State the amendment number 2. Date filed 02/20/2008 3. Number of pages attached
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Tanya M. Jennings
Adminstratvie Assistant
October 11, 2013

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Upper Peninsula Health Plan, Inc.

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Upper Peninsula Health Plan, Inc.

EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Upper Peninsula Health Plan, Inc.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
Bay Area Medical Center.....	36,252					36,252
Bell Memorial Hospital.....	7,069	14,246	12,340	0	364	34,019
Dickinson County Memorial Hospital.....	2,477	39,959	12,974	1,971	3,535	60,916
Grand View Hospital.....	17,458	46		80	232	17,816
Iron County Community Hospital.....	9,204	5,758	219	1,251	1,238	17,670
Jeffrey Jacobs.....	2,282	5,115	1,111	900	5,386	14,794
Eric Jentoft.....	752	5,358	3,082	2,276	180	11,648
Keweenaw Memorial Medical Center.....	22,263	6,363	6,915	3,561	850	39,952
Marquette General Hospital.....	22,582	34,382	17,914	11,745	96,966	183,589
Portage Health Systems.....	45,371	2,441	5,755	1,488	4,010	59,065
St Francis Hospital.....	22,488	4,176	6,505	2,265	2,046	37,480
University of Michigan Regents.....	10,629	8,982	559			20,170
Aaron Scholnik.....	13,627					13,627
War Memorial Hospital.....	34,268	10,769	1,069	4,259	2,896	53,261
4D Pharmacy Management Systems Inc.....	1,187,338					1,187,338
0199999 Individually listed claims unpaid.....	1,434,060	137,595	68,443	29,796	117,703	1,787,597
0299999 Aggregate accounts not individually listed-uncovered.....						0
0399999 Aggregate accounts not individually listed-covered.....	374,174	212,765	102,714	44,020		733,673
0499999 Subtotals.....	1,808,234	350,360	171,157	73,816	117,703	2,521,270
0599999 Unreported claims and other claim reserves.....						7,125,730
0699999 Total amounts withheld.....						
0799999 Total claims unpaid.....						9,647,000
0899999 Accrued medical incentive pool and bonus amounts.....						0

Exhibit 5 - Amounts Due From Parent, Subs

NONE

Exhibit 6 - Amounts Due To Parent, Subs

NONE

EXHIBIT 7 PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

[illegible]

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	176,985		22,469	154,516	154,516	0
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	176,985	0	22,469	154,516	154,516	0



ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Upper Peninsula Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Upper Peninsula Health Plan, Inc. 2. (LOCATION)

NAIC Group Code	0000	BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2008				NAIC Company Code		52615
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	25,447	280							25,167	
2. First Quarter	25,858	341							25,517	
3. Second Quarter	25,756	368							25,388	
4. Third Quarter	25,688	410							25,278	
5. Current Year	25,777	437							25,340	
6. Current Year Member Months	308,290	4,545							303,745	
Total Member Ambulatory Encounters for Year:										
7. Physician	142,577	2,102							140,475	
8. Non-Physician	84,897	1,252							83,645	
9. Total	227,474	3,354	0	0	0	0	0	0	224,120	0
10. Hospital Patient Days Incurred	5,055	10							5,045	
11. Number of Inpatient Admissions	1,834	4							1,830	
12. Health Premiums Written (b).....	83,029,428	238,695							82,790,733	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	83,029,428	238,695							82,790,733	
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	66,281,125	196,481							66,084,644	
18. Amount Incurred for Provision of Health Care Services	67,157,125	213,895							66,943,230	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 0



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REPORT FOR: 1. CORPORATION Upper Peninsula Health Plan, Inc. 2. (LOCATION)

NAIC Group Code	0000	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2008					NAIC Company Code	52615
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	25,447	280	0	0	0	0	0	0	25,167	0
2. First Quarter	25,858	341	0	0	0	0	0	0	25,517	0
3. Second Quarter	25,756	368	0	0	0	0	0	0	25,388	0
4. Third Quarter	25,688	410	0	0	0	0	0	0	25,278	0
5. Current Year	25,777	437	0	0	0	0	0	0	25,340	0
6. Current Year Member Months	308,290	4,545	0	0	0	0	0	0	303,745	0
Total Member Ambulatory Encounters for Year:										
7. Physician	142,577	2,102	0	0	0	0	0	0	140,475	0
8. Non-Physician	84,897	1,252	0	0	0	0	0	0	83,645	0
9. Total	227,474	3,354	0	0	0	0	0	0	224,120	0
10. Hospital Patient Days Incurred	5,055	10	0	0	0	0	0	0	5,045	0
11. Number of Inpatient Admissions	1,834	4	0	0	0	0	0	0	1,830	0
12. Health Premiums Written (b).....	83,029,428	238,695	0	0	0	0	0	0	82,790,733	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned.....	83,029,428	238,695	0	0	0	0	0	0	82,790,733	0
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	66,281,125	196,481	0	0	0	0	0	0	66,084,644	0
18. Amount Incurred for Provision of Health Care Services	67,157,125	213,895	0	0	0	0	0	0	66,943,230	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 0

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Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

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Reinsurance Ceded to Unauthorized Companies

[illegible]

Schedule S-Part 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2008	2 2007	3 2006	4 2005	5 2004
A. OPERATIONS ITEMS					
1. Premiums.....	2	2	3	2	2
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	137	151	280	291	300
4. Commissions and reinsurance expense allowance.....	0	0	0	0	0
5. Total hospital and medical expenses.....	0	0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable	0	0	0	0	0
7. Claims payable.....	0	0	0	0	0
8. Reinsurance recoverable on paid losses.....	0	0	0	0	0
9. Experience rating refunds due or unpaid.....	0	0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....	0	0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O)	0	0	0	0	0

SCHEDULE S-PART 6
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	27,782,362		27,782,362
2. Accident and health premiums due and unpaid (Line 13).....	0		0
3. Amounts recoverable from reinsurers (Line 14.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	634,933		634,933
6. Total assets (Line 26)	28,417,295	0	28,417,295
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	9,647,000	0	9,647,000
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17).....	0		0
11. Reinsurance in unauthorized companies (Line 18).....	0		0
12. All other liabilities (Balance).....	644,959		644,959
13. Total liabilities (Line 22).....	10,291,959	0	10,291,959
14. Total capital and surplus (Line 31).....	18,125,336	XXX	18,125,336
15. Total liabilities, capital and surplus (Line 32)	28,417,295	0	28,417,295
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid.....	0		
17. Accrued medical incentive pool.....	0		
18. Premiums received in advance	0		
19. Reinsurance recoverable on paid losses	0		
20. Other ceded reinsurance recoverables	0		
21. Total ceded reinsurance recoverables	0		
22. Premiums receivable	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24. Unauthorized reinsurance	0		
25. Other ceded reinsurance payables/offsets	0		
26. Total ceded reinsurance payables/offsets	0		
27. Total net credit for ceded reinsurance	0		

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only					
		1	2	3	4	5	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL						0
2. Alaska	AK						0
3. Arizona	AZ						0
4. Arkansas	AR						0
5. California	CA						0
6. Colorado	CO						0
7. Connecticut	CT						0
8. Delaware	DE						0
9. District of Columbia	DC						0
10. Florida	FL						0
11. Georgia	GA						0
12. Hawaii	HI						0
13. Idaho	ID						0
14. Illinois	IL						0
15. Indiana	IN						0
16. Iowa	IA						0
17. Kansas	KS						0
18. Kentucky	KY						0
19. Louisiana	LA						0
20. Maine	ME						0
21. Maryland	MD						0
22. Massachusetts	MA						0
23. Michigan	MI						0
24. Minnesota	MN						0
25. Mississippi	MS						0
26. Missouri	MO						0
27. Montana	MT						0
28. Nebraska	NE						0
29. Nevada	NV						0
30. New Hampshire	NH						0
31. New Jersey	NJ						0
32. New Mexico	NM						0
33. New York	NY						0
34. North Carolina	NC						0
35. North Dakota	ND						0
36. Ohio	OH						0
37. Oklahoma	OK						0
38. Oregon	OR						0
39. Pennsylvania	PA						0
40. Rhode Island	RI						0
41. South Carolina	SC						0
42. South Dakota	SD						0
43. Tennessee	TN						0
44. Texas	TX						0
45. Utah	UT						0
46. Vermont	VT						0
47. Virginia	VA						0
48. Washington	WA						0
49. West Virginia	WV						0
50. Wisconsin	WI						0
51. Wyoming	WY						0
52. American Samoa	AS						0
53. Guam	GU						0
54. Puerto Rico	PR						0
55. U.S. Virgin Islands	VI						0
56. Northern Mariana Islands	MP						0
57. Canada	CN						0
58. Aggregate Other Alien	OT						0
59. Totals		0	0	0	0	0	0

NONE

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PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

[illegible]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

1.

Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

.....YES.....
2.

Will an actuarial opinion be filed by March 1?

.....YES.....
3.

Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

.....YES.....
4.

Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

.....YES.....

APRIL FILING

5.

Will Management's Discussion and Analysis be filed by April 1?

.....YES.....
6.

Will the Supplemental Investment Risks Interrogatories be filed by April 1?

.....YES.....
7.

Will the Accident and Health Policy Experience Exhibit be filed by April 1?

.....YES.....

JUNE FILING

8.

Will an audited financial report be filed by June 1?

.....YES.....

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

9.

Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

.....NO.....
10.

Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
11.

Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
12.

Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

.....YES.....
13.

Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
14.

Will the actuarial opinion on non-guaranteed elements as required in Interrogatories 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
15.

Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

.....NO.....

APRIL FILING

16.

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

.....NO.....
17.

Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

.....NO.....
18.

Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?

.....NO.....

EXPLANATION:

9.

10.

11.

13.

14.

15.

16.

17.

18.

BAR CODE:

9.


5 2 6 1 5 2 0 0 8 3 6 0 5 9 0 0 0

10.


5 2 6 1 5 2 0 0 8 2 0 5 0 0 0 0 0

11.


5 2 6 1 5 2 0 0 8 2 0 7 0 0 0 0 0

13.


5 2 6 1 5 2 0 0 8 3 7 1 0 0 0 0 0

14.


5 2 6 1 5 2 0 0 8 3 7 0 0 0 0 0 0

15.


5 2 6 1 5 2 0 0 8 3 6 5 0 0 0 0 0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

16.



17.



18.



OVERFLOW PAGE FOR WRITE-INS

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(http://www.naic.org/committees_e_app_blanks.htm)

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